

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740787** (7)
1. Corporation Name
DEPORTIVO DE FOMENTO, INC.



Principal Place of Business Mailing Address
P.O. BOX 112195 P.O. BOX 112195
~~P.O. BOX 110707~~ ~~P.O. BOX 110707~~
HIALEAH FL 33101-2195 HIALEAH FL 33101-2195
US US

3. Date Incorporated or Qualified **11/16/1977** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **65-0151779** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLALBA, NICHOLA
3501 NW 46ST
MIAMI FL 33142

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | VILLALBA, NICHOLAS | |
| STREET ADDRESS | 3501 NW 46 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | ZERQUERA, RENE | |
| STREET ADDRESS | 1050 W 56 ST #2405 | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | MARIN, IDELIO | |
| STREET ADDRESS | 7101 BYRON AVE #203 | |
| CITY-ST-ZIP | MIAMI BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NODAL, PEDRO M. | |
| STREET ADDRESS | 823 W 37 ST. | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | SERAFIN, RAMON A. | |
| STREET ADDRESS | 3680 W 4 AVE | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | VT | <input checked="" type="checkbox"/> DELETE |
| NAME | GONZALEZ, REINERIO | |
| STREET ADDRESS | 295 E 36 ST | |
| CITY-ST-ZIP | HIALEAH FL | |

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RODRIGUEZ, ESTRELLA | |
| 1.3 STREET ADDRESS | 731 Oriole Ave. | |
| 1.4 CITY-ST-ZIP | Miami Springs, Fl. 33166 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Mary Hidalgo-Gat0 | |
| 2.3 STREET ADDRESS | 11431 SW 7 Terr Apt 302 | |
| 2.4 CITY-ST-ZIP | Miami, Fl 33174 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Felix Garcia | |
| 3.3 STREET ADDRESS | 13440 SW 28 ST | |
| 3.4 CITY-ST-ZIP | Miami Fl 33175 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 1810 W. 56 ST Apt 3408 | |
| 4.4 CITY-ST-ZIP | Hialeah, Fl. 33012 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Avilio del Valle | |
| 5.3 STREET ADDRESS | 1850 W. 56 St. Apt 2112 | |
| 5.4 CITY-ST-ZIP | Hialeah, Fl. 33012 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96
Date

Daytime Phone # _____

CR2E037 (12/95)